MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09781

Reg. Dist. No. 253

1. PLACE OF DEATH:
County: Queen Anne
City or town: Mattapeake
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Stevensville
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Hillsboro Ind Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henry Lay Bevan

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: Colute
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma Bevan
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): about 1865
8. AGE: Years: 75 Months: Do Not Know ~~Days~~ If less than one day ____ hrs. ____ min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Watch Cleaner
11. Industry or business: Repairing Watches
FATHER
12. Name: George Bevan
13. Birthplace: Maryland
MOTHER
14. Maiden name: Mary Scheen
15. Birthplace: Talbot County
16. Informant: Richard Beavan
Address: Hillsboro Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof 9-24-40 (month) (day) (year)
Cemetery or crematory: Episcopal Cemetery
Location: Hillsboro Md
18. Funeral director: J. Virgil Moore
Address: Denton Md.
19. Sept 22 1940 F. C. Thomas Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 22 1940, at 2:30 pm
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Coronary Occlusion — DURATION: 1 day
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Samuel Price M.D.
Deputy Med Examiner — M. D. or other
Address: Queenstown — Date signed 9/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

09782

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Stevensville Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town:
(if outside city or town limits, write RURAL and give nearest town)

Street No.
(if rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Wm E. Denny Sr.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
male	white	married

6.(b) Name of ~~husband or~~ wife: Josephine Denny

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Sept 10 1871

8. AGE: Years	Months	Days	If less than one day
68	11	22	hrs. min.

9. Birthplace: Stevensville Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Dr. Wm Denny

13. Birthplace: Stevensville Md

MOTHER 14. Maiden name: Katherine Estrecken

15. Birthplace: Stevensville Md.

16. Informant: Wm E. Denny Jr

Address: Stevensville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 3-40 (Month) (day) (year)

Cemetery or crematory: Stevensville Md.

Location:

18. Funeral director: Frank C. Thomas

Address: Stevensville, Md.

19. Sept 1 1940 (Date rec'd by registrar) F.C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 1 1940 at 2a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1936, to Sept. 1 1940

and that I last saw him alive on Aug 31 1940

Immediate cause of death: Amyotrophic Lateral Sclerosis — DURATION: about 4 Yrs

Due to: Arterio sclerosis — DURATION: 4 Yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Theodor Sattelmaier (47) M. D. or other

Address: Stevensville Date signed: 9/2/40

RECEIVED
OCT 3 1940
BUREAU V. S.

O.K.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

69783

Reg. Diat. No. 253

1. PLACE OF DEATH:
County: Queen Annes
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Annes
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Baby De Shields

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	—

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 4, 1940

8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Chester Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name: Walter E. De Shields
13. Birthplace: Virginia
14. Maiden name: Thelma Landerman
15. Birthplace: Chester Md Midwife

16. Informant: Harriet Stansbury
Address: Stevensville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 5. 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Chester Md

18. Funeral director: J. C. Thomas
Address: Stevensville Md

19. Sept 4 1940 (Date rec'd by registrar) J. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 4, 1940 19 ..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to ..... 19 .....
and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death	DURATION
Still Born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. C. Thomas Local Registrar M. D., or other
Address: Stevensville Md Date signed: Sept 5/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

S

RECEIVED
OCT 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (194-C)

CERTIFICATE OF DEATH

09784

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Queen Anne

County

City or town New Wye Mills

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen Anne

City or town New Wye Mills Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillie Rowe Fogwell

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wm H. Fogwell (Deceased)

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26-1877

8. AGE:

Years	Months	Days	If less than one day
63	5	14	hrs. min.

9. Birthplace Bucto. Md

(Town, county, and state)

10. Usual occupation House work

11. Industry or business "

FATHER

12. Name Geo. Rowe

13. Birthplace Md.

MOTHER

14. Maiden name Cecelia Lambert

15. Birthplace Ohio.

16. Informant Mrs C. L. Whitby (Daughter)

Address Queen Anne R F D #1

17. Burial Date thereof Sept 12, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Kennedyville Church Yard

Location Kennedyville Md

18. Funeral director Wm. H. Hord

Address Church Hill Md.

19. Sept. 11 1940 Helen M. Aldridge

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 6- 1940, to Sept 9- 1940, and that I last saw h er alive on Sept 6- 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days
Due to High blood pressure	
Due to Chronic Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Harry Fisher M. D. or other

Address Centreville Md Date signed 9-9-40

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

9785

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Anne

City or town: near Hayden

(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State: Maryland County: Queen Anne

City or town: near Hayden Ward No.

(If outside city or town limits, write RURAL, NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Gibbs

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem.	Col.	married

B (b) Name of husband or wife: Harry Gibbs

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE:

Years	Months	Days	If less than one day
59			hrs. min.

9. Birthplace: Queen Anne Co. Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Thomas Johnson

13. Birthplace: Va.

MOTHER 14. Maiden name: Liza Denby

15. Birthplace: Md.

16. Informant: Harry Gibbs

Address: R.F.D. Centreville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 10 1940 (month) (day) (year)

Cemetery or crematory: Roseville Cem.

Location: near Price

16. Funeral director: Wm. H. Good

Address: Church Hill

19. Sept. 7 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 6 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1940, to Sept 6 1940, and that I last saw h alive on Sept 2 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	Sept 6, 40
Due to Cerebral Arteriosclerosis	Years
Due to	
Other conditions Chronic Nephritis Arthritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C. K. Leyton M.D. M. D. or other

Address: Centreville Md. Date signed: Sept 7, 1940

RECEIVED
OCT 5 1940
BUREAU V. S.

09786

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County: Queen Anne

City or town: Nr. Centreville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Centreville Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Boone T. Goldsboro

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Mary Handy deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mar. ? 1855

8. AGE: Years 85 | Months 9 | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Queen Anne Co. Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER
12. Name: Do not know
13. Birthplace: " " "

MOTHER
14. Maiden name: Julia Goldsboro
15. Birthplace: Queen Anne Co.

16. Informant: Maggie G. Wright (daughter)
Address: Centreville, Md.

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: Sept. 4 - 1940
(month) (day) (year)

Cemetery or crematory: Ruthsburg

Location: Ruthsburg

18. Funeral director: Annie W. Eddins
Address: Centreville, Md.

19. Sept. 3 - 1940
(Date rec'd by registrar)
Mamie S. Bright
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 1 - 1940, at about 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 1939, to Sep 1 1940 and that I last saw him alive on Aug 21 1940

Immediate cause of death: Cardiac decompensation — DURATION: 1 mo

Due to: Arteriosclerotic Cardio Vascular Disease — [illegible]

Due to: Neuralgic Arteriosclerosis — [illegible]

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: C. R. Layton MD
M. D. or other

Address: Centreville — Date signed: 9-3-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.

09787 —

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8)

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Queen Anne

City or town Queenstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Stillborn County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hynson

3. (b) Social Security Number none

4. Sex M.

5. Color or race Cof.

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14 1940

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hrs. min.

9. Birthplace Queenstown

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Eloise Hynson

15. Birthplace Maryland

16. Informant William Hynson

Address Queenstown

17. Burial Date thereof Sept. 15-1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory at home

Location nr. Carmichael - Md.

18. Funeral director Wm Hynson

Address Queenstown. Md.

19. Sept. 15 1940 - Helen M. Aldridge

(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Still born

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel J. Price M. D.

Deputy Med Examiner M. D. or other

Address Queenstown Date signed 9/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-D

09788

CERTIFICATE OF DEATH

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Anne

City or town: Stevensville MD.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Anne

City or town: Stevensville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William J. H. Lewis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of ~~husband~~ or wife: Rose Lewis

6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): July 31 1882

8. AGE:

Years	Months	Days	If less than one day
57	1	11	..... hrs. ..... min.

9. Birthplace: Centerville Md. (Town, county, and state)

10. Usual occupation: farming

11. Industry or business

FATHER 12. Name: Charles C. Lewis

13. Birthplace: Maryland

MOTHER 14. Maiden name: Sarah Stussford

15. Birthplace: Maryland

16. Informant: Mrs. Rose Lewis

Address: Stevensville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 13/40 (month) (day) (year)

Cemetery or crematory: Stevensville Cemetery

Location

18. Funeral director: E. C. Thomas

Address: Stevensville Md.

19. Sept 11 19 40 (Date rec'd by registrar) F. C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 11 19 40, at 1:30 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 19 39, to Sept 11 19 40 and that I last saw h.. alive on Sept. 11 19 40

Immediate cause of death: Carcinoma of colon

DURATION

Due to:

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Chas E Snyder M. D. or other

Address: Stevensville Md. Date signed 9/11/40

CEIVED
OCT 3 1940
U. S.

09789

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County: Queen Annes

City or town: Love Pt.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Q.A.

City or town: Love Point

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary A. McNaney

3. (b) Social Security Number

4. Sex: fem

5. Color or race: W

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: John T. McNaney deep.

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Aug 10 1864

8. AGE: Years 76 | Months 1 | Days 14 | If less than one day ... hrs. ... min.

9. Birthplace: Baero Md. (Town, county, and state)

10. Usual occupation: HW.

11. Industry or business

FATHER 12. Name: John Bankmiller

13. Birthplace: Germany

MOTHER 14. Maiden name: Unknown

15. Birthplace

16. Informant: Mrs Frank J. Clifford

Address: Love Pt. Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Sept 24/40 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Baltimore

18. Funeral director: Chas. F. Evans & Sons

Address: 118 Mt Royal Ave, Balto. Md

19. Sept 24 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sep. 24 1940, at 430 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sep 22 1940 to Sep 24 1940 and that I last saw her alive on Sep 23 1940

Immediate cause of death: Bronchial pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 3 days

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Chas. E. Snyder M. D. or other

Address: Stevensville Md Date signed: 9/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 3 1940
BUREAU V. S.

09790

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93.2)

CERTIFICATE OF DEATH

Reg. Dist. No. 2521

1. PLACE OF DEATH:

County: Queen Anne

City or town: Starr, Mr. Centreville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Starr, Mr. Centreville, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James Edgar Tarman

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ or wife: Irene German

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 2 - 1890

8. AGE: Years: 50 Months: 6 Days: 24 If less than one day ____ hrs. ____ min.

8. Birthplace: Starr, Mr. Centreville Md (Town, county, and state)

10. Usual occupation: Hauling as Trucking.

11. Industry or business: Tomatoes, wood, etc

FATHER

12. Name: James B. Tarman

13. Birthplace: Starr, Mr. Centreville, Md

MOTHER

14. Maiden name: Georgia Davis

15. Birthplace: Carmichael, Queen Anne Co Md

16. Informant: Mrs. James B. Tarman

Address: Centreville, Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Sept 29-40 (month) (day) (year)

Cemetery or crematory: Chesterfield

Location: Centreville Maryland

18. Funeral director: Barton Bros

Address: Centreville, Maryland

19. Sept. 28 - 1940 (Date rec'd by registrar) Mamie S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 26. 1940, at 2 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: He was dead when I arrived - from history, it was sudden death - evidently

Due to: Myocarditis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other

Address: Centreville, Md Date signed: 9/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-2)

CERTIFICATE OF DEATH

09791

Reg. Dist. No. 7587

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Queen Annes

City or town Crumpton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Annes

City or town Crumpton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lambert Milbanks Ware

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Emma Ware

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 27, 1878

8. AGE: Years	Months	Days	If less than one day
62	7	8	hrs. min.

9. Birthplace Crumpton, Md.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Thomas C. Ware
13. Birthplace Salem, N. J.

MOTHER
14. Maiden name Lucy Andersson
15. Birthplace Kent County, Md.

16. Informant Mrs. Sally Godwin
Address Crumpton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 6 1940 (month) (day) (year)

Cemetery or crematory Crumpton

Location Crumpton

18. Funeral director W. H. Good

Address Church Hill Md

19. Sept-6 1940 (Date rec'd by registrar) F M Stucke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1940, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 31 1940, to Sept. 4 1940, and that I last saw him alive on September 4, 1940

Immediate cause of death Carcinoma of Lung.

DURATION: 2 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph M. George Jr. M. D. or other

Address Sudlersville, Md. Date signed 9/5/40

RECEIVED
OCT 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

CERTIFICATE OF DEATH

09792

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Chester Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Annes
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Blanche Watkins

3.(b) Social Security Number:

4. Sex: female
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Colonel Watkins
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): ~~unknown~~ July 4, 1886
8. AGE: Years: 54 Months: 2 Days: 18 If less than one day: hrs. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: James M Fredericks
13. Birthplace: St. Marys Co. Md.
MOTHER 14. Maiden name: Josephine Berry
15. Birthplace: Frederick Md.
16. Informant: Estella Cooper
Address: 1533 E. Madison St Balto Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 25/40 (month) (day) (year)
Cemetery or crematory: Chester
Location:
18. Funeral director: E. C. Thomas
Address: Stevensville Md.
19. Sept 23 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 22 1940 at 4 45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 1940 to Sept. 21 1940
and that I last saw her alive on Sept. 21 1940

	DURATION
Immediate cause of death: Arteriosclerosis	2 Years
Due to: chronic interstitial nephritis	2 Years
Due to:	
Other conditions: Apoplexia with hemiplegia	Sept. 16. 1940

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Theodor Sattelmaier M. D. or other
Address: Stevensville Date signed: 9/23/40

RECEIVED
OCT 3 1940
BUREAU V. S.